

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 042 ***150.00

DOCUMENT # P01066

1. Entity Name

BANC OF AMERICA AUTO FINANCE CORP.

Principal Place of Business

Mailing Address

1351 TOWN CENTER DRIVE
 LAS VEGAS NV 89134

1351 TOWN CENTER DRIVE
 LAS VEGAS NV 89144-6366

2. Principal Place of Business

NC 1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

3. Mailing Address

NC 1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

City & State

City & State

4. FEI Number

95-3224681

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DORAN, PATRICK	
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	<input type="checkbox"/> Delete
NAME	DORAN, PATRICK	
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY S	
STREET ADDRESS	401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, DAVID R	
STREET ADDRESS	401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARK, EDWARD J	
STREET ADDRESS	730 15TH ST.	
CITY-ST-ZIP	WASHINGTON DC 20005-1012	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUCAS, MARY-ANN	
STREET ADDRESS	100 NORTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane L. Smith	
STREET ADDRESS	NC 1-021-03-09	
CITY-ST-ZIP	401 N TRYON ST CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane L. Smith
 Duane L. Smith

3-22-00

Date

704-388-2460

Daytime Phone #